

# City of Bella Vista

101 Town Center

Administrative Office  
Bella Vista, Arkansas

72714

# Application for Employment

<b>Position Applied for: Patrolman, Radio, Clerk, Secretary, etc.</b>	<b>Today's Date</b>

## Section I: Personal Information

Last Name	First Name	Middle	Maiden
Address: _____ Street/Route/Box Number City State Zip			
Telephone: _____ Drivers License Number: _____			

## Section II: Military History

List the following information concerning military duty, if applicable.

Branch of Service	Serial Number	Enlistment	Discharge	Discharge Type
Rank when discharged: _____		Are you a member of a Reserve Unit? _____		
Give unit and length of time remaining: _____				

### Section III: Employment History

List all jobs held in the last 10 years. List your present or most recent job first. Attach additional sheets, if necessary.

<b>Company</b>	<b>Position</b>	Date Employed	Date Separated	Salary
<b>Street Address</b>	<b>City/State/Zip</b>			<b>Telephone</b>

Name & title of supervisor: \_\_\_\_\_

Number of employees that were supervised by you: \_\_\_\_\_ Duties: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

<b>Company</b>	<b>Position</b>	Date Employed	Date Separated	Salary
<b>Street Address</b>	<b>City/State/Zip</b>			<b>Telephone</b>

Name & title of supervisor: \_\_\_\_\_

Number of employees that were supervised by you: \_\_\_\_\_ Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

<b>Company</b>	<b>Position</b>	Date Employed	Date Separated	Salary
<b>Street Address</b>	<b>City/State/Zip</b>			<b>Telephone</b>

Name & title of supervisor: \_\_\_\_\_

Number of employees that were supervised by you: \_\_\_\_\_ Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

<b>Company</b>	<b>Position</b>	Date Employed	Date Separated	Salary
<b>Street Address</b>	<b>City/State/Zip</b>			<b>Telephone</b>

Name & title of supervisor: \_\_\_\_\_

Number of employees that were supervised by you: \_\_\_\_\_ Duties: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

<b>Company</b>	<b>Position</b>	Date Employed	Date Separated	Salary
<b>Street Address</b>	<b>City/State/Zip</b>			<b>Telephone</b>
Name & title of supervisor: _____				
Number of employees that were supervised by you: _____ Duties: _____				
_____				
_____				
Reason for leaving: _____				

### Section IV: Residence History

List residences for the past 10 years, beginning with your present address. Attach additional sheet if necessary.

Dates: From/To	Street Address	City/State/Zip	Landlord's Name
1			
2			
3			
4			
5			

### Section V: Educational History

List all schools attended. List any additional vocational or technical training you feel qualifies you for the position applied for.

Use additional sheets, if necessary.

High School	City/State	From	To	Diploma*
1				
2				

\* or equivalent.

College and/or Trade School	City/State	From	To	Degree
1				
2				

Other: Specialized/Technical	City/State	From	To	Diploma
1				
2				

## Section VI: References

### Credit References

Creditor/Financial Institution	Street Address	City/State/Zip	Phone
1			
2			
3			
4			

### Personal References

List the names of 3 persons having knowledge of your character, experience, & ability. Do not give relatives or employers.

<b>1</b>	<b>Full Name</b>	<b>Occupation</b>	
	<b>Home Address</b>	<b>Home Phone</b>	<b>Business Address</b>

<b>2</b>	<b>Full Name</b>	<b>Occupation</b>	
	<b>Home Address</b>	<b>Home Phone</b>	<b>Business Address</b>

<b>3</b>	<b>Full Name</b>	<b>Occupation</b>	
	<b>Home Address</b>	<b>Home Phone</b>	<b>Business Address</b>

## Section VII: Questionnaire

- 1 Have you ever been arrested or charged with any violation or crime, including traffic tickets? \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
- 2 Was your driver's license ever revoked or suspended? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
- 3 Do you object to wearing a uniform? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
- 4 Do you object to working nights? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
- 5 Do you object to working shifts? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

## Section VIII: Signature

I hereby certify that all statements by me in this application are true, complete, and correct. I understand false statements herein are sufficient grounds for rejection of this application, and I agree and understand that any mis-statements of material facts contained herein may cause forfeiture upon my part of all rights to any employment. If employed, I agree to abide by all of the provisions of the City of Bella Vista policy and by my signature I consent to all of their provisions.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Section VIII: After Hire – Office Use Only

Commission Information		DOH
Hght _____ Wght _____ Hr _____ Es _____ Bt _____		

## Authorization to Release Information

I, \_\_\_\_\_, am an applicant for employment with the City of Bella Vista. In order to process my application, certain information must be made available to the Mayor of Bella Vista, Arkansas. This information is for my benefit. I hereby authorize, request, and direct educational institutions; my references; my employers (past and present); financial institutions of any kind; medical institutions and doctors; any other person, institution, or organization; and all governmental agencies and instrumentalities (local, state, federal, or foreign); wherever said individuals or organizations are situated, to release to the Mayor of Bella Vista, Arkansas or to any representative thereof, any document, information, record or file that he deems material to the processing of my application for employment. Said information can be furnished if the request therefore is made in person or in writing.

Further, I release all of said individuals and organizations from all liability to me that could arise in any manner, contract or otherwise, from the act of furnishing said information and records to the Mayor or his representative, and this serves as a waiver of any contract that I have with any of the said organizations or individuals, and serves as a waiver of any legal communication privileges that I could claim.

Further, I appoint the Mayor or his representative as my agent and attorney-in-fact for the sole purpose of collecting information for processing my application and direct that he be permitted to inspect all of said files and information, and be permitted to make copies thereof at his discretion. This request can be treated as if I were making the request in person. **I fully understand that I will be fingerprinted and that my fingerprints will be submitted to the FBI (Federal Bureau of Investigations) and the ASP (Arkansas State Police) for the purpose of running a criminal history check.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

### Affidavit

I, \_\_\_\_\_, being first duly sworn, deposes and says as follows: **I am the person who executed the above authorization. I understand it's meaning, intention, and effect, and that the statements therein made are true and correct.**

Signature \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Commission Expiration

\_\_\_\_\_  
Notary Public